PART B - FEE(S) TRANSMITTAL

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appropriate. All further c indicated unless corrected maintenance fee notification	ons.	, , ,	rders and notification of a) specifying a new corr	maintenance fees espondence address	will be s; and/or	mailed r (b) inc	to the current dicating a separ	correspondence address a rate "FEE ADDRESS" for	
CURRENT CORRESPONDED		Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
VENABLE LLI P.O. BOX 34385 WASHINGTON,		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
			<u> -</u>					(Depositor's name)	
			-					(Signature)	
APPLICATION NO.	ICATION NO FILING DATE							(Date)	
10/695,772			FIRST NAMED INVENTO	ATTORNI		RNEY D	OCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION CLOTHING	10/30/2003 I: APPARATUS IN	A SPINNING PREPAR	Thomas Schmitz CATION MACHINE FO	PR MEASURING	DISTA	32368-1 NCES	98088 AT THE FLA	6895 T BAR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	UE FEE TOT		L FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0			\$1700	12/05/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			•1.750	12/03/2000	
WELCH, G		3765	019-098000	_					
 Change of corresponden CFR 1.363). 		•	2. For printing on the						
Change of correspor	ndence address (or Cha 122) attached.	inge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Robert Kinberg 2 Robert Kinberg 3 Steven J. Schw					<u>~</u>	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Trutzschler GmbH & Co. KG Monchengladbach, Germany									
Please check the appropriat	te assignee category or	categories (will not be pr	inted on the patent):	Individual 🖺 Co	orporatio	on or oth	her private grou	p entity Government	
4a. The following fee(s) are Sissue Fee Publication Fee (No Advance Order - # o	small entity discount p	D. Payment of Fee(s): (Plee A check is enclosed. Payment by credit cat The Director is hereboverpayment, to Depo	ase first reapply au	y previ	ously p	aid issue fee sh	own above)		
5. Change in Entity Status a. Applicant claims S	SMALL ENTITY statu	is. See 37 CFR 1.27.	h. Applicant is no lon	ger claiming CMAI	I Chimi	TTV -1-4			
NOTE: The Issue Fee and I interest as shown by the rec	Publication For (if man	sing dy so the second		the applicant; a regi	stered at	torney o	or agent; or the	1.27(g)(2). assignee or other party in	
Authorized Signature		Schwarz		Date/85/2865	ગાક્ત	200	6 3082 22026	: 10695772	
Typed or printed name _			· ·	Registration(N	o. <u>47</u>	070	90 DA	·	
This collection of informatian application. Confidential submitting the completed a this form and/or suggestion. Box 1450, Alexandria, Virginia 22313.	pplication form to the s for reducing this bur ginia 22313-1450. DO -1450.	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	depending upon the indiversity of the Chief Information Office COMPLETED FORMS TO	retain a benefit by the timated to take 12 n ridual case. Any co er, U.S. Patent and O THIS ADDRESS	ne public ninutes to mments Fradema . SEND	on the ark Office TO: Co	amount of time ce, U.S. Departs ommissioner for	gathering, preparing, and you require to complete ment of Commerce, P.O. Patents, P.O. Box 1450	
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Fees pursuant to the Consolida			respond to a collection of information unless it displays a valid OMB control number. Complete if Known										
·	Application	Number	10/695,772										
FEE TR/	Filing Date		October 30, 2003										
For	First Named Inventor		Thomas Schmitz										
	Examiner Name		Gary L. Welch										
Applicant claims sma	Art Unit		3765										
TOTAL AMOUNT OF PA	Attorney Doo	cket No.	32368-198088										
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION (All the fees	below are due upo	n filing or n	nay be subj	ect to a surch	arge.)							
1. BASIC FILING, SEARC			J	, ,									
	FILIN	IG FEES SE	ARCH FEES		NATION FEES	3							
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Ent 5) Fee (\$)		Small Entity Fee (\$)	Fees Pa	id (\$)						
Utility	300	150 500	_	200	100	1 003 1 4	<u>ια (ψ)</u>						
Design	200	100 100		130	65								
Plant	200	100 100		160	80								
Reissue	300	150 500		600	300								
Provisional	200	100 0		000	0								
2. EXCESS CLAIM FEES	200	100	U	· ·	v		nall Entity						
Fee Description Each claim over 20 (included)	dina Reissues)				Fee (\$)	Fee (\$)						
Each independent claim of	-	•				200	100						
Multiple dependent claims	-	ing recissions)				360	180						
· · · ·		Fee (\$) Fee	Paid (\$)	N	fultiple Depend								
- 20 =	х		(+/	_		Fee Paid (\$)							
HP = highest number of total cl		reater than 20.											
		Fee (\$) Fee	Paid (\$)			, .							
- 3 = HP = highest number of indepe	ndent claims paid	d for, if greater than 3.	•										
3. APPLICATION SIZE FE	E												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
1	Extra Sheets				of Fee (\$)	Fee Pa	id (\$)						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x =													
4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filing surcharge): Issue and Publication Fee \$1700.00													
SUBMITTED BY		Λ		 									
. 0	me Si	lwain	Registration No (Attorney/Agent)		Telephone	(202) 344-	4295						
	J. Schwarz	0	(Allomey/Agent)	<u> </u>	Date 1		06						
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